

EXHIBIT 2



NORTH DAKOTA
SECRETARY OF STATE
MICHAEL HOWE

MICHAEL HOWE
SECRETARY OF STATE
600 E. BOULEVARD AVENUE, DEPT. 108
BISMARCK, ND 58505-0500
SOS.ND.GOV

CT CORPORATION SYSTEM - MMRA
ALLISON WEICHEL
120 W SWEET AVE
BISMARCK, ND 58504

Request Type: Copy Requests

Issuance Date: 06/12/2024

Certificate #: 0006710870

Copies Requested: 1

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that **Incline Bakken Minerals, LLC**, SOS Control ID# 3041091 was formed or qualified to do business in the State of North Dakota on January 30, 2020. Incline Bakken Minerals, LLC has a home jurisdiction of DELAWARE and is currently in an Active status.

A handwritten signature in black ink that reads "Michael Howe".

Michael Howe
Secretary of State

Image ID	Filing Description
B0251-9851	Initial Filing

B0251-9851 01/28/2020 Received by ND Secretary of State Alvin A. Jaeger

COMPLETE, PRINT, SIGN, AND MAIL OR FAX (If paying by credit card, complete Credit Card Payment Authorization on page 3)



**CERTIFICATE OF AUTHORITY APPLICATION
FOREIGN LIMITED LIABILITY COMPANY RECEIVED**
SECRETARY OF STATE
SFN 19381 (09-2015)

JAN 28 2020

SEC. OF STATE

SEE INSTRUCTIONS FOR FEE, FILING AND MAILING INFORMATION

TYPE OR PRINT LEGIBLY

For reference, see North Dakota Century Code, Sections

For Office Use Only

ID Number:	For Office Use Only
WO Numbr:	-FILED-
Filed:	SOS Control ID#: 0003041091
Date Filed: 1/30/2020	
0-31-01, 10-31-13.1 and 10-32.1-75	

1. The application is accompanied by the following.

<input checked="" type="checkbox"/> *Filing fee of \$135	<input type="checkbox"/> Certificate of professional license
<input checked="" type="checkbox"/> *Current CERTIFICATE OF GOOD STANDING or	<input type="checkbox"/> Signed Consent to Use Business Name and fee of \$10
<input checked="" type="checkbox"/> CERTIFICATE OF EXISTENCE duly authenticated by the organizing officer of the state or country of organization	<input type="checkbox"/> Trade Name Registration and fee of \$25

2. Type of limited liability company applying for certificate of authority (check one)

<input checked="" type="checkbox"/> Foreign Business	<input type="checkbox"/> Foreign Professional
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4. Name of limited liability company EXACTLY as it appears on Certificate of Good Standing from state or country of origin

Incline Bakken Minerals, LLC

5. If applicable, provide the trade name and complete the Trade Name Registration form if selected trade name is not already registered in North Dakota.
Only provide the trade name in this line if:

- The "new" limited liability company name is not in the form as required of limited liability companies in North Dakota.
- The Secretary of State has notified the limited liability company that its "new" name is the same or deceptively similar to a name already registered, and the limited liability company is unable to obtain Consent to Use Business Name from the previous filer or a certified copy of a final decree of a court of competent jurisdiction establishing prior right of this limited liability company to use of the name in North Dakota.
- The limited liability company does not wish to use or protect its "new" name in North Dakota and chooses to use a name other than its limited liability company name.

6. Complete address of principal executive office (Street/RR, PO Box, City, State, ZIP+4) Street address **MUST** be provided; may not be only a post office box.

5011 N. Central Expressway Dallas, TX 75205

7. State or County Where Organized

Delaware

8. Limited liability company will expire in state or county of origin (check one)

<input checked="" type="checkbox"/> Perpetual	<input type="checkbox"/> Expires - Specify date: _____
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9. Telephone Number

214-274-3800

10. Toll Free Telephone Number11A. Name of commercial registered agent in North Dakota
Corporation Service CompanyOR 11B. Name of noncommercial registered agent in North Dakota11C. Address of noncommercial registered agent in North Dakota (Street/RR, PO Box, City, State, ZIP+4) Street address **MUST** be provided; may not be only a post office box.12. Nature of business or activities the limited liability company conducts or intends to conduct in North Dakota
Oil and Gas13. Managers and governors of the limited liability company (attach additional sheet, if necessary)

MANAGERS	Manager also serves as Governor	COMPLETE MAILING ADDRESS				
		Street/Rural Route	Post Office Box	City	State	ZIP+4
William Francis	<input type="checkbox"/>	5011 N. Central Expy Dallas, TX 75205				
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

Managing Member

Managing Member

14. "The undersigned has read the foregoing application, knows the contents, and believes the statements to be true. I further authorize the Secretary of State to correct numbers 4, 7, 11A, 11B, and 11C if not correctly reflected. I understand that if I make a false statement in this document, I may be subject to criminal penalties."

Signature

Date
01/27/2020

15. Name of Person to Contact About This Document

William Francis

Email Address

Daytime Telephone Number